

WELLNESS RECOVERY ACTION PLAN (Spanish)

DATE & TIME: March 08, 2017

9:00 AM - 12:00 PM

All registration is completed on the Learning Net prior to the training. Sign-in begins 30 minutes prior to the training time. All participants must arrive during the sign-in period. Late arrivals will not be admitted.

PLACE: Towers on Wilshire
695 S Vermont Ave, 15th floor
Los Angeles, CA 90005

PARKING: Free parking at 523 Shatto place (3 block walk)
Red/ Purple Line to Wilshire/Vermont

This training will be given in **Spanish**. The Wellness Recovery Action Plan is a tool used to monitor, reduce and eliminate physical or emotional symptoms. WRAP is used as a relapse prevention tool in which consumers become active in their recovery. This training will focus on the modules of WRAP: wellness toolbox, daily maintenance plan, triggers, etc. Participants will learn how this tool promotes wellness and recovery on daily basis; they are expected to develop their own WRAP to better understand its importance in the recovery process.

TARGET AUDIENCE: DMH Employees and Contractors and consumers

OBJECTIVES: As a result of attending this training, participants should be able to:

1. Identify the components of WRAP.
2. Discuss how culture may impact one's WRAP.
3. Explain the components of crisis planning.
4. Prepare a wellness toolbox.

CONDUCTED BY: Maria Contreras, M.A., ASOC

COORDINATED BY: Janice Friend, Training Coordinator
e-mail: jfriend@dmh.lacounty.gov

DEADLINE: When maximum capacity is reached

CONTINUING EDUCATION: None

COST: None

DMH Employees register at:
<http://learningnet.lacounty.gov>

Contract Providers complete
attached training application

☐ Cultural Competency ☐ Pre-licensure ☐ Law and Ethics ☐ Clinical Supervision ☒ General



County of Los Angeles Department of Mental Health
NON-DMH STAFF TRAINING APPLICATION FORM
Please Print or Type



Instructions

Each individual must complete a separate application form for each training he/she wishes to attend. Please complete the application in full. Applications will not be processed with incomplete or inaccurate information. Notification of registration confirmation for a training will be provided by the training coordinator. Unless otherwise specified, walk-in registrations will not be admitted.

For trainings, sign-in begins 30 minutes prior to the training time. All participants must arrive during the sign-in period. Late arrivals will not be permitted.

This form is not to be used for LPS Designation Training. The LPS Application is available at lacdmh.lacounty.gov/training&workforce.html.

Training Title

(as in DMH bulletin) **Wellness Recovery Action Plan Spanish**

Date(s)

Training Coordinator: **Janice Friend**

County Employee Number

(non-county employees supply the last four digits of the SSN)

Name

Program, Service or
Agency

Job Title

Address

City

Zip Code

Telephone

Email

License or Credential Number(s) (complete as many as applicable)

CAADAC

LCSW

LPT

LVN

MD

MFT

Psychologist

RN

Supervisor's Approval (Applications will not be processed if not signed by supervisor)

Print Supervisor Name

Supervisor's Signature

For processing, please return Application to:

Los Angeles County Department of Mental Health

Workforce Education and Training Division

695 S. Vermont Avenue, 15th Floor

Los Angeles, CA 90005

Fax: (213) 252-8776

Phone: (213) 251-6874

Email: jfriend@dmh.lacounty.gov

(When faxing, there is no need to use a cover sheet)